

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2021 - 131 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Juanita Ravenell-Dash

Telephone: 843-566-6801

Address: 114 Red Maple Drive  
Moncks Corner, SC 29461

Fax:

Other:

Email: ninaforsure@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other:  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

299490

RECEIVED  
APR 13 2021  
PSCSC  
Clerks Office

*[Handwritten signature]*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 3-19-21

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. North Side NEMT LLC  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

114 Red Maple Drive Moncks Corner SC 29461  
Street Address of Applicant

843-566-6801  
Mailing Address of Applicant (if different from street address)

843-566-6801 Phone  Fax

nina.forsure@yahoo.com  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text" value="0"/>	Mortgage/Loan on Real Estate	<input type="text" value="0"/>
Value of Motor Vehicles	<input type="text" value="To Be Purchase Upon Approval"/>	Loans Owed on Motor Vehicles	<input type="text" value="0"/>
Cash on Hand	<input type="text" value="10.00"/>	Business/Other Loans Owed	<input type="text" value="0"/>
Cash in Bank	<input type="text" value="793.00"/>	Other Liabilities or Debts	<input type="text" value="0"/>
Value of Other Assets and Equipment	<input type="text" value="0"/>	<b>Total Liabilities</b>	<input type="text" value="0"/>
<b>Total Assets</b>	<input type="text" value="803.00"/>		

*This is my personal Bank Account  
I haven't open a Business Account  
Yet.*

#### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

# PROPOSED RATES AND CHARGES FOR SERVICE

## Proposed Rates and Charges:

	Weekday/business Hours	Weekend & OH Hours	Holidays
Ambulatory Patient -	\$ 30-35	\$ 40-45	\$ 40-50
Wheel Chair	\$ 50-55	\$ 80-95	\$ 90-105
Stretcher	\$ 105-205	130-230	155-255
Add mileage -	\$ 4-6 per mile	\$ 6-8 per mile	\$ 6-8 per mile
Wait Time -	\$ 20-35	\$ 20-35	\$ 20-40
Add Attendant Fee -	\$ 10-20	\$ 10-20	\$ 10-20

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |  |  |                                     |                                     |  |
|--|--|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Abbeville             | <input type="checkbox"/> Cherokee              | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda                  |
| <input type="checkbox"/> Aiken                 | <input type="checkbox"/> Chester               | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg             |
| <input type="checkbox"/> Allendale             | <input type="checkbox"/> Chesterfield          | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter                  |
| <input type="checkbox"/> Anderson              | <input type="checkbox"/> Clarendon             | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                   |
| <input type="checkbox"/> Bamberg               | <input type="checkbox"/> Colleton              | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input checked="" type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell              | <input type="checkbox"/> Darlington            | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                    |
| <input type="checkbox"/> Beaufort              | <input type="checkbox"/> Dillon                | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |  |
| <input checked="" type="checkbox"/> Berkeley   | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide               |
| <input type="checkbox"/> Calhoun               | <input type="checkbox"/> Edgefield             | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |  |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield             | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |  |

To Be Purchase Upon approval

### DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver  
☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT

## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Juanita Rarenell-Dash

Name of Applicant

114 Red Maple Drive Moncks Corner SC 29461

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 14,840.00

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

Bates Inc Group of Mt Pleasant DBA Paul Foster Insurance

Name of Insurance Company

204 East Main Street Moncks Corner, SC 29461

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**Juanita Ravenell-Dash

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Selena Ravenell-Dash  
Applicant's Signature

Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Dorchester )

SWORN TO BEFORE ME  
This 1st day of March, 2021

Dorian S. Gaynes  
Notary Public

Commission Expires 4/15/2020



Print Application

# *The State of South Carolina*



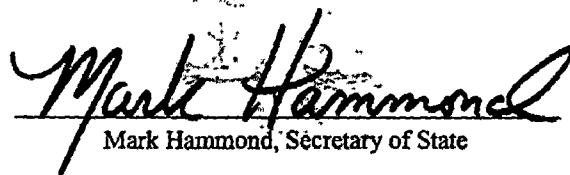
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

NORTHSIDE NEMT, LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 26th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 27th day  
of January, 2021.

  
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 210127-0629493

Filing Date: 01/26/2021

Jan 27 2021  
REFERENCE ID: 695554

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

  
SECRETARY OF STATE OF SOUTH CAROLINA

**ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

NORTHSIDE NEMT, LLC

\*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is  
114 Red Maple Dr

(Street Address)

Moncks Corner, South Carolina 29461

(City, State, Zip Code)

3. The initial agent for service of process is

JUANITA RAVENELL-DASH

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:

114 Red Maple Dr

(Street Address)

Moncks Corner

South Carolina 29461

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Juanita Ravenell-Dash

(Name)

114 Red Maple Dr

(Street Address)

Moncks Corner, South Carolina 29461

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Jan 27 2021

REFERENCE ID: 695554

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

NORTHSIDE NEMT, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time \_\_\_\_\_.

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Jan 27 2021

REFERENCE ID: 695554

  
SECRETARY OF STATE OF SOUTH CAROLINA

NORTHSIDE NEMT, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Juanita Ravenell-Dash

\_\_\_\_\_  
Signature of Organizer

Date: 01/26/2021

\_\_\_\_\_  
Signature of Organizer

Date: \_\_\_\_\_

**cfc**  
INDICATION OF TERMS

**BATES INS GROUP OF MT PLEASANT DBA PAUL FOSTER INSURANCE 800260 (US)**

REFERENCE NUMBER:	CFC373099330
COMPANY NAME:	MANITA RAYWELL DBA NORTHSIDE NEMT LLC
TOTAL DEDUCTIBLE:	USD11,000.00
Premium breakdown:	
Errors & Omissions:	
General Liability:	USD10,000.00
Fee breakdown:	USD2,500.00
Errors & Omissions:	USD500.00
General Liability:	USD100.00

\$12,500.00 BASE
\$150.00 POLICY FEE
\$600.00 COMPANY FEE
\$795.00 SC SCMAA
\$795.00 SC STATE TAX
<b>\$14,840.00 TOTAL</b>

BUSINESS ACTIVITIES:  
LEGAL ACTION:  
TERRITORIAL SCOPE:  
RETROACTIVE DATE:  
WORDING:  
ENDORSEMENTS:

Non-emergency medical transportation services  
Worldwide  
Worldwide  
Inception  
AAM OCC US v31  
PREMIUM PAYMENT CLAUSE  
POLICYHOLDER DISCLOSURE - NOTICE OF TERRORISM INSURANCE  
COVERAGE  
SANCTION LIMITATION AND EXCLUSION CLAUSE  
UNSOLICITED COMMUNICATIONS EXCLUSION CLAUSE  
COMMUNICABLE DISEASES EXCLUSION AND PROPERTY AND BUSINESS  
INTERRUPTION AMENDATORY CLAUSE

SUBJECTIVITIES:

This quote is subject to the following being provided by the stated deadline:

1. Signed version of the application form submitted, dated within 30 days of the required inception date. (14 days post binding)
2. Full details of the surplus lines broker, including name, company name, address, license number, state of filing and expiry date. (14 days post binding)
3. Confirmation there will be no emergency transportation services provided. (prior to binding)
4. Are all persons involved in wheelchair transportation instructed in the proper use of securement equipment for all types of wheelchairs? (prior to binding)
5. Are all restraint systems designed with a "4-point tie-down" and "forward facing" features? (prior to binding)
6. Is floor securement of wheels accomplished with fixed access locations or movable attachments? (prior to binding)
7. Are wheelchair passengers ever transported without the use of a restraint system? (prior to binding)
8. Does the applicant use knee, hip, chest, and over the shoulder safety restraints on stretchers? (prior to binding)
9. Do all employees have training in loading and unloading clients via the stretcher? (prior to binding)
10. Will they be transporting psychiatric patients? If yes, will they be using any medication restraints? (prior to binding)

POLICY PERIOD: 12 months  
DATE OF ISSUE: 30 Mar 2021  
ADDITIONAL NOTES: Optional extended reporting period available for: USD10,250 for 12 months  
Cover under the Terrorism Risk Insurance Act is available for an additional premium of USD 250.00.  
Please confirm the following Surplus Lines Licence information is correct for



# LIMITS OF LIABILITY AND DEDUCTIBLES

## INSURING CLAUSE 1: ERRORS AND OMISSIONS SECTION A: PROFESSIONAL LIABILITY

<b>Limit of liability:</b>	USD0,000,000	each and every claim, including costs and expenses
<b>Aggregate limit of liability:</b>	USD0,000,000	including costs and expenses
<b>Deductible:</b>	USD0,000	each and every claim, including costs and expenses

## SECTION B: POLLUTION LIABILITY

<b>Aggregate limit of liability:</b>	USD250,000	including costs and expenses
<b>Deductible:</b>	USD0,000	each and every claim, including costs and expenses

## SECTION C: COMPUTER VIRUS AND HACKING ATTACK

<b>Aggregate limit of liability:</b>	USD250,000	including costs and expenses
<b>Deductible:</b>	USD0,000	each and every claim, including costs and expenses

## INSURING CLAUSE 2: SEXUAL MISCONDUCT & PHYSICAL ABUSE LIABILITY

<b>Limit of liability:</b>	USD250,000	each and every claim, including costs and expenses
<b>Aggregate limit of liability:</b>	USD750,000	including costs and expenses
<b>Deductible:</b>	USD0,000	each and every claim, including costs and expenses

## INSURING CLAUSE 3: CONTRACTUAL LIABILITY

<b>Limit of liability:</b>	USD1,000,000	including costs and expenses
<b>Aggregate limit of liability:</b>	USD3,000,000	including costs and expenses
<b>Deductible:</b>	USD0,000	each and every claim, including costs and expenses

## INSURING CLAUSE 4: EMPLOYEE BENEFITS LIABILITY

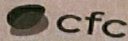
<b>Aggregate limit of liability:</b>	USD1,000,000	including costs and expenses
<b>Deductible:</b>	USD0,000	each and every claim, including costs and expenses

## INSURING CLAUSE 5: GENERAL LIABILITY

<b>Limit of liability:</b>	USD1,000,000	each and every claim, including costs and expenses
<b>Aggregate limit of liability:</b>	USD3,000,000	including costs and expenses
<b>Deductible:</b>	USD0,000	each and every claim, including costs and expenses

## INSURING CLAUSE 6: TENANTS' LIABILITY

<b>Aggregate limit of liability:</b>	USD250,000	including costs and expenses
<b>Deductible:</b>	USD0,000	each and every claim, including costs and expenses



**PREMIUM PAYMENT CLAUSE**

ATTACHING TO POLICY NUMBER: -

THE INSURED: Juanita Ravenell DBA Northside  
Nemt LLC

WITH EFFECT FROM: -

It is understood and agreed that the following is added to the "Cancellation" CONDITION:

We also reserve the right of cancellation in the event that any amount due to us by you remains unpaid more than 60 days beyond the Inception Date of this Policy. If we exercise this right of cancellation it will take effect from 14 days after the date the written notice of cancellation is issued.

However, if the amount due to us by you is paid in full to us before the notice period expires, notice of cancellation will be revoked.

**SUBJECT OTHERWISE TO THE TERMS AND CONDITIONS OF THE POLICY**